

July 24, 2007

Shirlyn Johnson Tenncare Examiner Department of Commerce & Insurance Tenncare Division 500 James Robertson Parkway Suite 750 Nashville, TN 37243

Re: Letter dated 7-13-07 ref Review of NAIC 2007 1st Quarter Statement-Explanations

Dear Ms. Johnson,

Bullet # 1: The differences of \$2,018.00 are MHS expenses that were not moved over to MHS during the 1st quarter. I will clear them during the 2nd quarter to be sure there no differences between the 2A report and the Net Income reported for MMCC. Please see attached a listing of the GL #'s which total to \$2,018.00.

Bullet # 2: Please find attached a copy of the Cash Flow done from the GL I have indexed for you the amounts that add up to \$973,408.00. Line 7, Line 12.1 and Line 16.6.

Bullet # 3: I have changed the General Interrogatories to reflect the dates you have given.

Bullet # 4: Per our discussion I explained you needed to add line 15 & 22 of the asset page 1 to tie to the Total reported on Exhibit # 3. Per your Voice Mail I was instructed to move the entire amount out of Line 15 and place it on Line 22. I have done this.

Please also find attached the Amended return with the changes for Bullet # 3 & Bullet # 4.

Sincerely,

Cheryll A. Miller

Manager Financial Services

Memphis Managed Care Corporation

Dept.	GL#	GL Desctript	Amount
180	7030	Salaries & Wages	2,575.00
	7040	Overtime Wages	(9.00)
	7110	Payroll Taxes	366.00
	7550	Computer Equipment Pur	(114.42)
260	7030	Salaries & Wages	(196.00)
	7110	Payroll Taxes	170.00
	7550	Computer Equipment Pur	r (114.42)
270	7030	Salaries & Wages	4,612.00
	7110	Payroll Taxes	417.00
	7550	Computer Equipment Pur	1 (114.30)
300	7030	Salaries & Wages	(5,170.00)
	7110	Payroll Taxes	(404.00)
		Totals	2,017.86

Line # 2=

Line # 7=

Line #12.1

Line # 16.6

331,758.20

(1,607,019.31) 633,611.41 (973,407.90)

(653,283.87)

(7,542.00) Change in MHS Investment 3,735,000.00 Proceeds from Disposal 17,679.00 Amortization of Bonds (2,403,278.00) Cost of Purchasing 1,341,858.36 Total change in Investments

46,924.79 Total Change in Cash

-000-1010-000 -000-1040-000	Cash - Petty Investment Account - Suntrust	\$600.00 \$1,007,360.10	\$0.00 \$1,039,681.49	\$600.00 \$2,047,041.59	
-000-1070-000	Cash - General Operating Regions E Cash - Claims Acount Regions Bank	(\$1,089,344.94) \$1,785,192.03	\$4,015,680.60 (\$3,110,602.96)	\$2,926,335.66 (\$1,325,410.93)	
-000-1080-000 -000-1101-000	Cash - Payroll Account Regions Ban Escrow Account	\$1,177.27 \$11,482.29	(\$1,306.56) \$22,577.18	(\$129.29) \$34,059.47	
-000-1105-000	Investment Account - Regions Bank CASH NET CHANGE	\$3,931,997.09 5,648,463.84	(\$1,919,104.96) 46,924.79	\$2,012,892.13 5,695,388.63	
	Escrow Interest Receivable Interest Income	\$217,686.30 \$0.00	(\$54,941.86) (\$276,816,34)	\$162,744.44 (\$276,816.34)	
	NET INTEREST INCOME MISC INCOME		(331,758.20)	, ,	331,758. 0.
	A/R - Tenncare - Capitation	\$4,709,517.36	\$1,427,013.04	\$6,136,530.40	Ů,
	A/R - Olner A/R Intercompany A/R - Affiliates ASSETS	\$322,378.84 \$282,860.58 \$3,000.00	\$174,970.51 \$5,035.76 \$0.00	\$497,349.35 \$287,896.34 \$3,000.00	(4 207 040
-000-1850-000	Less: Accumulated Depreciation	(\$7,422,431.65)	\$1,607,019.31 (\$178,700.49)	(\$7,601,132.14)	(1,607,019.
-000-2010-000	A/P - Trade Creditors A/P - Intercompany	(\$2,862.49) (\$192,695.34)	\$0.00 \$1,245.66	(\$2,862.49) (\$191,449.68)	
-000-2040-000	Olher Accrued Liabilities Employee - CASUAL DAY	(\$180,557.88) (\$1,662.98)	(\$72,490.12)	(\$253,048.00)	
-000-2043-000	Employee - Gamish	(\$8,819.44)	(\$33.80) \$0.00	(\$1,696.78) (\$8,819.44)	
	Employee - FSA Employee - Life Ins	(\$37,088.70) \$0.00	\$30,689.39 (\$78.56)	(\$6,399.31) (\$78.56)	
-000-2050-000	401 k Withholds Payable	(\$5,175.90) \$0,00	(\$10,410.99)	(\$15,586.89)	
-000-2390-000	Other Medical Exp Payable	\$0.00	\$0.00 (\$1,417.13)	\$0.00 (\$1,417.13)	
-000-2400-000 -000-2510-000	Claims Advance Payable A/P - Ins Prem - Life	(\$1,349,430.59) \$2,619.72	\$537,148.73 \$798.76	(\$812,281.86) \$3,418.48	
-000-2516-000	A/P-Employee Paids Accrued FICA Employer/ee	\$2,933.20	\$2,793.08	\$5,726.28	
-000-2521-000	Accrued Federal W/H	(\$30.68) \$0.00	\$0.04 \$0.00	(\$30.64) \$0.00	
-000-2522-000 -000-2523-000	Accrued State W/H FUI Payable	\$0.00 \$0.00	\$0,00 \$0.00	\$0.00 \$0.00	
-000-2524-000 -000-2530-000	SUI Payable Accrued Employee Wages	\$0.00 (\$194,893.00)	\$0.00 (\$177,607.00)	\$0,00	
-000-2535-000	Accrued Payroll Taxes	(\$13,375.00)	(\$18,192.00)	(\$372,500.00) (\$31,567.00)	
-000-2545-000	Accrued Vacation Pay Accrued Bonus Pool	(\$267,233.50) (\$138,991.57)	\$44,448.22 \$93,733.92	(\$222,785.28) (\$45,257.65)	
-000-4130-000 -000-4150-000	ASO Revenue Equity in Profit (Loss) of MHS	\$0.00 \$0.00	(\$5,760,315.58) (\$7,542.00)	(\$5,760,315.58) (\$7,542.00)	
-000-5015-000	PAR IP ACUTE CARE ICU/CCU	\$0.00	\$5,663,291.88	\$5,663,291.88	
-000-5045-000	PAR IP ACUTE CARE NICU NON PAR IP A/C MAT/NURSERY	\$0.00 \$0.00	\$981.00 \$24,945.23	\$981.00 \$24,945.23	
	PAR IP A/C MATERNITY/NURSER) PAR IP A/C MH/SUBS ABUSE	\$0.00 \$0.00	\$2,013,194.87 \$16,027.99	\$2,013,194.87 \$16,027.99	
000-5085-000	NON PAR IP ACUTE CARE SURGIC PAR IP ACUTE CARE SURGICAL	\$0.00	\$245,959.89	\$245,959.89	
000-5125-000	NON PAR IP ACUTE CARE OTHER	\$0.00 \$0.00	\$2,432,292.57 \$37,030.05	\$2,432,292.57 \$37,030.05	
	PAR IP ACUTE CARE OTHER Hospital Clearing ACCT -ASO	\$0.00 \$0.00	\$3,392,702.08 (\$13,742,069.59)	\$3,392,702.08 (\$13,742,069.59)	
	PCP SERVICES ANESTHESIOLOGY NON PAR SPE	\$0.00 \$0.00	\$2,546,381.77 \$6,389.58	\$2,546,381.77	
000-5525-000	ANESTHESIOLOGY PAR SPECIALI	\$0.00	\$391,016.36	\$6,389.58 \$391,016.36	
	CARDIOLOGY NON PAR SPECIALI CARDIOLOGY PAR SPECIALIST	\$0.00 \$0,00	\$34,821.71 \$180,315.49	\$34,821.71 \$180,315.49	
	GENERAL SURGERY NON PAR SF GENERAL SURGERY PAR SPECIA	\$0.00 \$0.00	\$22,986.59 \$126,302.42	\$22,986.59	
000-5595-000	OB-GYNECOLOGY NON PAR SPEC	\$0.00	\$207,911.25	\$126,302.42 \$207,911.25	
	OB-GYNECOLOGY PAR SPECIALIS ORTHOPEDIC SURGERY NON PAI	\$0.00 \$0.00	\$207,714.95 \$8,847.03	\$207,714.95 \$8,847.03	
	ORTHOPEDIC SURGERY PAR SPE DIAGNOSTIC RADIOLOGY NON PA	\$0.00 \$0.00	\$24,369.59 \$63,336.66	\$24,369.59 \$63,336.66	
000-5665-000	DIAGNOSTIC RADIOLOGY PAR SP RADIOLOGIST/ONCOLOGIST NON	\$0.00	\$597,342.65	\$597,342.65	
000-5695-000	SPECIALTY CARE OTHER PAR SPECIALTY CARE OTHER NON PA	\$0,00 \$0.00 \$0.00	\$7,626.09 \$5,229,176.39 \$166,743.04	\$7,626.09 \$5,229,176.39 \$166,743.04	
000-5716-000 000-6005-000	Physician Clearing Acct FFS - ASO PCCM CAPITATION	\$0.00 \$0.00	(\$39,611,628.93) \$334,526.65	(\$39,611,628.93) \$334,526,65	
000-6025-000	SPECIALTY CAP ANCILARY CAP	\$0.00 \$0.00	\$1,735,730.79 \$692,070.64	\$1,735,730,79 \$692,070.64	
	Other Health Care Clearing Acct Car Physician Clearing Acct Cap - ASO	\$0.00 \$0.00	(\$692,070.64) (\$2,070,257.44)	(\$692,070.64) (\$2,070,257.44)	
000-6505-000	NON PAR OP HOSPITAL RADIOLO	\$0.00	\$127.44	\$127.44	
000-6535-000	PAR OP HOSPITAL RADIOLOGY PAR FREE STANDING RADIOLOG'	\$0.00 \$0.00	\$541,012.39 \$843.22	\$541,012.39 \$843.22	
	NON PAR OP HOSP LAB/PATH PAR OP HOSP LAB/PATHOLOGY	\$0.00 \$0.00	(\$13.34) \$1,646,530.18	(\$13.34) \$1,646,530.18	
000-6565-000	NON PAR FREE STANDING LAB/P, PAR OP HOSP DIAG TESTING	\$0.00	\$2,416.53	\$2,416.53	
000-6605-000	NON PAR OP HOSPITAL SURGICA	\$0.00 \$0.00	\$755,331.32 \$24,946.44	\$755,331.32 \$24,946.44	
000-6665-000	PAR TREATMENT/OBSERVATION NON PAR DME	\$0.00 \$0.00	\$1,229.04 \$1,570.63	\$1,229.04 \$1,570.63	
000-6675-000		\$0.00 \$0.00	\$70,731.01 \$1,544,282.03	\$70,731.01	
000-6695-000	PAR HOME HEALTH CARE	\$0.00	\$355,954.70	\$1,544,282.03 \$355,954.70	
000-6715-000		\$0,00 \$0.00	\$40.00 \$562,605.02	\$40.00 \$562,605.02	
	NON PAR OP MENTAL HEALTH PAR OP MENTAL HEALTH	\$0.00 \$0.00	\$2,077.08 \$415.74	\$2,077.08 \$415.74	
000-6745-000	NON PAR TRANSPORTATION	\$0.00	\$574,494.14	\$574,494.14	
000-6785-000	NON PAR OP PHY/SPEECH/OCC T PAR OP PHY/SPEECH/OCC THPY	\$0.00 \$0.00	\$1,479.58 \$87,695.70	\$1,479.58 \$87,695.70	
	OTHER HEALTH CARE PAR OTHER HEALTH CARE NON PAR	\$0,00 \$0.00	\$37,549,429.12 \$776,479.09	\$37,549,429.12 \$776,479.09	
000-6815-000	NON PAR EMERGENCY ROOM	\$0.00	\$460,602.39	\$460,602.39	
000-6835-000	PAR EMERGENCY ROOM Case Management	\$0.00 \$0.00	\$6,235,679.84 \$236,148.49	\$6,235,679.84 \$236,148.49	
100-9020-000		\$0.00 \$0.00	(\$21,726,116.39) \$1,855,775.74	(\$21,726,116.39) \$1,855,775.74	
100-9021-000 I	Premium Tax Clearing Disease Mgmt Expense	\$0.00 \$0.00	(\$1,855,775.74) \$266,988.51	(\$1,855,775.74) \$266,988.51	
100-9070-000	MED CALL Expense Corporate Overhead Allocation MHS	\$0.00 \$0.00	\$70,439.88 (\$231,074.91)	\$70,439.88 (\$231,074.91)	
10-7030-000 8	Salaries & Wages Overlime Wages	\$0.00	\$47,831.85	\$47,831.85	
10-7110-000	Payroll Taxes	\$0.00 \$0.00	\$70.48 \$5,263.03	\$70.48 \$5,263.03	
10-7130-000 E	Employee-Medical Insurance Employee-HRA	\$0.00 \$0.00	\$2,778.40 \$500.39	\$2,778.40 \$500.39	
10-7132-000	Employee-Wellness Employee-Pharmacy	\$0.00	(\$3.55)	(\$3.55)	
110-7134-000	Employee-Dental Insurance	\$0.00 \$0.00	\$1,955,56 \$384.52	\$1,955.56 \$384.52	
	Employee-401K Match Employee-Disability Insurance	\$0.00 \$0.00	\$565.61 (\$126.06)	\$565.61 (\$126.06)	
10-7150-000	Employee-Life Insurance	\$0.00	\$891.94	\$891.94	
10-7270-000		\$0.00 \$0.00	\$20,062.50 \$4,785.40	\$20,062.50 \$4,785.40	
10-7310-000 (10-7320-000 F	Office Supplies & Stat	\$0.00 \$0.00	\$1,656.80 \$74.07	\$1,656.80 \$74.07	
10-7370-000 F	ood And Beverage	\$0.00	\$184.37	\$184.37	
	Computer Equipment Purchases	\$0.00 \$0.00	\$4,255.52 (\$2.29)	\$4,255.52 (\$2.29)	
	Staff Dev & Training	\$0.00	\$2,790,95	\$2,790.95	
	Staff Travel	\$0.00	\$567.11	\$567.11	

Raw Number	Discription	Beg Bal	Net Change	Ending Bal
0-110-7670-000 0-110-7671-000	Travel Employee Events	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
0-110-7920-000	Advertising/Public Relations Dues, Memberships & Subs	\$0.00 \$0.00	\$1,150.45 \$1,146.93	\$1,150.45 \$1,146.93
	Telephone & Telegraph	\$0.00 \$0.00	\$2,248.74 \$36.74	\$2,248.74 \$36.74
0-120-7040-000	Salaries & Wages Overtime Wages	\$0.00 \$0.00	\$196,186.28 \$5.21	\$196,186.28 \$5.21
	Employee-Medical Insurance	\$0.00 \$0.00 \$0.00	\$17,414.70 \$13,844.40 \$2,709.02	\$17,414.70 \$13,844.40 \$2,709.02
0-120-7131-000 0-120-7132-000		\$0.00 \$0.00 \$0.00	\$59.34 \$59.89	\$59.34 \$5,542.89
0-120-7134-000	Employee-Plantal Insurance Employee-401K Match	\$0.00 \$0.00	\$1,289.66 \$3,708.13	\$1,289.66 \$3,708.13
0-120-7140-000	Employee-Disability Insurance Employee-Life Insurance	\$0.00 \$0.00	\$77.33 \$2,876.12	\$77.33 \$2,876.12
	Office Supplies & Stat	\$0.00 \$0.00	\$1,612.19 \$285.94	\$1,612.19 \$285.94
	Food And Beverage	\$0.00 \$0.00	\$42.61 \$460.92	\$42.61 \$460.92
	Computer Equipment Purchases	\$0.00 \$0.00	\$10,680.78 (\$2.29)	
0-120-7621-000		\$0.00 \$0.00 \$0.00	\$209.00 \$667.31 \$101.00	\$209.00 \$667.31 \$101.00
	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00 \$0.00	\$1,000.48 \$54,794.87	\$1,000.48 \$54,794.87
	Overtime Wages	\$0.00 \$0.00	\$129.26 \$4,950.14	\$129.26 \$4,950.14
0-130-7130-000 0-130-7131-000	Employee-Medical Insurance	\$0.00 \$0.00	\$3,505.75 \$1,195.52	\$3,505.75 \$1,195.52
0-130-7132-000 0-130-7133-000		\$0.00 \$0.00	(\$74.16) \$1,692.70	\$1,692.70
0-130-7134-000 0-130-7135-000	Employee-401K Match	\$0.00 \$0.00	\$474.06 \$459.74	\$474.06 \$459.74
0-130-7150-000	Employee-Disability Insurance Employee-Life Insurance	\$0.00 \$0.00 \$0.00	\$222.30 \$876.86	\$222.30 \$876.86
0-130-7270-000	Professional Services Temporary Help Office Supplies & Stat	\$0.00 \$0.00 \$0.00	\$1,303.55 \$4,610.15 \$726.87	\$1,303.55 \$4,610.15 \$726.87
0-130-7310-000 0-130-7320-000 0-130-7360-000	Postage	\$0.00 \$0.00 \$0.00	\$2,239.19 \$21,317.46	\$2,239.19 \$21,317.46
	Food And Beverage	\$0.00 \$0.00	\$215.09 \$4,505.33	\$215.09 \$4,505.33
	Outside Storage Cost	\$0.00 \$0.00	\$44.72 (\$2.29)	\$44.72 (\$2.29)
0-130-7621-000 0-130-7623-000	Parking	\$0.00 \$0.00	\$5,448.85 \$4.00	\$5,448,85 \$4.00
	Travel Advertising/Public Relations	\$0.00 \$0.00	\$0.00 \$172.64	\$0.00 \$172.64
0-140-7030-000	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00	\$387.86 \$169,460.57	\$387.86 \$169,460.57
0-140-7040-000 0-140-7110-000 0-140-7130-000		\$0.00 \$0.00 \$0.00	\$61.46 \$15,832.73 \$18,981.72	\$61.46 \$15,832.73 \$18,981.72
0-140-7131-000 0-140-7132-000	Employee-HRA	\$0.00 \$0.00 \$0.00	\$5,757.91 \$140.68	\$5,757.91 \$140.68
0-140-7133-000	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00	\$8,006.92 \$1,878.51	\$8,006.92 \$1,878.51
0-140-7135-000	Employee-401K Match Employee-Disability Insurance	\$0.00 \$0.00	\$1,434.23 (\$367.13)	\$1,434.23 (\$367.13)
0-140-7230-000	Employee-Life Insurance Professional Services	\$0.00 \$0.00	\$3,111.74 \$35,659.66	\$3,111.74 \$35,659.66
0-140-7320-000		\$0.00 \$0.00	\$1,773.00 \$25,423.86	\$1,773.00 \$25,423.86
0-140-7360-000 0-140-7370-000 0-140-7410-000	Food And Beverage	\$0.00 \$0.00 \$0.00	\$65,602.32 \$768.17 \$17,144.50	\$65,602.32 \$768.17 \$17,144.50
0-140-7415-000	Outside Storage Cost Maintenance & Repairs & Leases	\$0.00 \$0.00 \$0.00	\$43.17 \$11,729.49	\$43.17 \$43.17 \$11,729.49
0-140-7550-000	Computer Equipment Purchases Employee Events	\$0.00 \$0.00	(\$2.29) \$72.04	
0-140-7970-000	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00	\$153.07 \$107,512.58	\$153.07 \$107,512.58
	Employee-Medical Insurance	\$0.00 \$0.00	\$9,899.28 \$5,912.26	\$9,899.28 \$5,912.26
	Employee-Wellness	\$0.00 \$0.00	\$4,758.82 (\$9.00)	
0-150-7134-000	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00 \$0.00	\$2,627.21 \$389.27 \$1,100.00	\$2,627.21 \$389.27 \$1,190.09
0-150-7140-000	Employee-401K Match Employee-Disability Insurance Employee-Life Insurance	\$0.00 \$0.00 \$0.00	\$1,190.09 (\$69.96) \$820.25	
0-150-7220-000		\$0.00 \$0.00	\$34,000.00 \$1,454,42	\$34,000.00 \$1,454.42
0-150-7320-000		\$0.00 \$0.00	\$217.12 \$215.10	\$217.12 \$215.10
	Maintenance & Repairs & Leases	\$0.00 \$0.00	\$2,527.21 \$520.00	\$2,527.21 \$520.00
0-150-7610-000	Computer Equipment Purchases Staff Dev & Training	\$0.00 \$0.00	(\$2.29) \$278.70	\$278.70
0-150-7620-000 0-150-7623-000	Parking	\$0.00 \$0.00 \$0.00	\$1,381.10 \$4.00 \$0,00	\$1,381.10 \$4.00 \$0.00
0-150-7670-000 0-150-7920-000 0-150-7921-000	Dues, Memberships & Subs	\$0.00 \$0.00 \$0.00	\$144.00 \$4,169.53	\$1,44.00 \$1,169.53
0-150-7970-000	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00	\$267.86 \$316,682.87	\$267.86 \$316,682.87
	Overtime Wages	\$0.00 \$0.00	\$11,824.22 \$30,320.18	\$11,824.22 \$30,320.18
0-160-7131-000		\$0.00 \$0.00	\$38,442.94 \$8,467.70	\$38,442.94 \$8,467.70
0-160-7133-000	Employee-Wellness Employee-Pharmacy	\$0.00 \$0.00	\$222.68 \$14,593.35	\$222.68 \$14,593.35
0-160-7135-000	Employee-Dental Insurance Employee-401K Match	\$0.00 \$0.00	\$2,961.63 \$3,374.35	\$2,961.63 \$3,374.35
0-160-7150-000	Employee-Disability Insurance Employee-Life Insurance Professional Services	\$0.00 \$0.00 \$0.00	\$837.80 \$4,915.67 \$41,460.24	\$837.80 \$4,915.67 \$41,460.24
0-160-7270-000	Temporary Heip Office Supplies & Stat	\$0.00 \$0.00	\$5,588.82 \$4,243.83	\$5,588.82 \$4,243.83
0-160-7320-000		\$0.00 \$0.00	\$5,090.08 \$1,229.09	\$5,090.08 \$1,229.09
0-160-7410-000		\$0.00 \$0.00	\$30,589.68 \$3,082.12	\$30,589.68 \$3,082.12
0-160-7430-000 0-160-7550-000	Maintenance & Repairs & Leases Computer Equipment Purchases	\$0.00 \$0.00	\$3,127.50 (\$2.29)	\$3,127.50 (\$2.29)
0-160-7921-000		\$0.00 \$0.00	\$114.52 \$38,494.53	\$114.52 \$38,494.53
0-170-7030-000	Telephone & Telegraph Salaries & Wages Cuadina Wages	\$0.00 \$0.00	\$244.91 \$150,855.44 \$107.78	\$244.91 \$150,855.44 \$107.78
0-170-7110-000	Overlime Wages Payroll Taxes Employee-Medical Insurance	\$0,00 \$0,00 \$0,00	\$107.78 \$13,686.97 \$10,964.98	\$107.78 \$13,686.97 \$10,964.98
0-170-7131-000		\$0.00 \$0.00 \$0.00	\$10,340.83 \$10,340.83 \$85.84	\$10,964,96 \$10,340.83 \$85.84
0-170-7133-000	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00	\$8,212.01 \$1,244.52	\$8,212.01 \$1,244.52
0-170-7135-000 0-170-7140-000	Employee-401K Match Employee-Disability Insurance	\$0.00 \$0.00	\$931.57 \$437.48	\$931.57 \$437.48
	Employee-Life Insurance	\$0.00	\$2,483.66	\$2,483.66

Raw Number	Discription	Beg Bal	Net Change	Ending Bal
0-170-7310-000 0-170-7320-000	Office Supplies & Stat	\$0.00 \$0.00	\$4,955.39	\$4,955.39
	Food And Beverage	\$0.00 \$0.00 \$0.00	\$460.92	\$4,624.57 \$460.92 \$10,288.21
0-170-7415-000	Outside Storage Cost Computer Equipment Purchases	\$0.00 \$0.00 \$0.00	\$474.70	\$474.70
	Employee Events	\$0.00 \$0.00		(\$2.29) \$115.18 \$12,098.76
0-170-7970-000	Telephone & Telegraph	\$0.00	\$196.84	\$196.84
	Salaries & Wages	\$0.00	\$2,575.00	\$2,575.00
	Overtime Wages	\$0.00 \$0.00	(\$9.00) \$366.00	(\$9.00) \$366.00
0-180-7130-000	Employee-Medical Insurance	\$0.00	\$0.00	\$0.00
	Employee-HRA	\$0.00	\$0.00	\$0.00
0-180-7132-000	Employee-Wellness	\$0.00	\$0.00	\$0.00
	Employee-Pharmacy	\$0.00	\$0.00	\$0.00
0-180-7134-000	Employee-Dental Insurance	\$0.00	\$0.00	\$0.00
	Employee-401K Match	\$0.00	\$0.00	\$0.00
0-180-7140-000	Employee-Disability Insurance	\$0.00	\$0.00	\$0.00
	Employee-Life Insurance	\$0.00	\$0.00	\$0.00
0-180-7320-000		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
0-180-7410-000	Rent	\$0,00	\$0.00	\$0.00
0-180-7430-000	Maintenance & Repairs & Leases	\$0.00	\$0.00	\$0.00
0-180-7610-000	Computer Equipment Purchases	\$0.00	(\$114.42)	(\$114.42)
	Staff Dev & Training	\$0.00	\$0.00	\$0.00
	Telephone & Telegraph	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
0-190-7110-000		\$0.00 \$0.00	\$78,870.42 \$7,682.86	\$78,870.42 \$7,682.86
0-190-7131-000	Employee-Medical Insurance	\$0.00	\$4,844.51	\$4,844.51
	Employee-HRA	\$0.00	\$1,621.78	\$1,621.78
0-190-7133-000	Employee-Wellness	\$0.00	\$148.34	\$148.34
	Employee-Pharmacy	\$0.00	\$2,138.68	\$2,138.68
0-190-7135-000	Employee-Dental Insurance	\$0.00	\$127.00	\$127.00
	Employee-401K Match	\$0.00	\$1,733.44	\$1,733.44
0-190-7150-000	Employee-Disability Insurance	\$0.00	\$471.78	\$471.78
	Employee-Life Insurance	\$0.00	\$759.18	\$759.18
0-190-7310-000 0-190-7320-000 0-190-7410-000		\$0.00 \$0.00	\$317.11 \$383.21 \$7.949.83	\$317.11 \$383.21
0-190-7430-000		\$0.00 \$0.00	\$2,349.34	\$7,949.83 \$2,349.34
	Computer Equipment Purchases	\$0.00 \$0.00 \$0.00	\$56.79 (\$4.58) \$45.00	\$56.79 (\$4.58)
0-190-7621-000 0-190-7669-000	Mileage	\$0.00 \$0.00	\$3,120.00 \$0.00	\$45.00 \$3,120.00 \$0.00
0-190-7670-000		\$0.00 \$0.00	\$0.00 \$0.00 \$56.59	\$0.00 \$0.00 \$56.59
0-190-7920-000	Dues, Memberships & Subs	\$0.00	\$25.00	\$25.00
	Telephone & Telegraph	\$0.00	\$495.34	\$495.34
0-200-7030-000	Salaries & Wages	\$0.00	\$125,593.06	\$125,593.06
	Overtime Wages	\$0.00	\$35.00	\$35.00
0-200-7110-000		\$0.00 \$0.00	\$11,847.92 \$7,748.47	\$11,847.92 \$7,748.47
0-200-7131-000	Employee-HRA	\$0.00	\$2,884.13	\$2,884.13
0-200-7132-000	Employee-Wellness	\$0.00	\$80.34	\$80.34
	Employee-Pharmacy	\$0.00	\$3,205.87	\$3,205.87
	Employee-Dental Insurance	\$0.00	\$809.51	\$809.51
0-200-7135-000	Employee-Disability Insurance	\$0.00	\$2,195,85	\$2,195.85
0-200-7140-000		\$0.00	\$158.50	\$158.50
	Professional Services	\$0.00 \$0.00	\$1,712.91 \$18,257.10	\$1,712.91 \$18,257.10
	Office Supplies & Stat	\$0.00 \$0.00	\$3,037.91 \$2,822.49	\$3,037.91 \$2,822.49
0-200-7320-000	Printing	\$0.00	\$16,976.91	\$16,976.91
0-200-7360-000		\$0.00	\$4,607.81	\$4,607.81
0-200-7410-000		\$0.00 \$0.00	\$368.71 \$8,157.41	\$368.71 \$8,157.41
0-200-7610-000	Computer Equipment Purchases	\$0.00	(\$2.29)	(\$2.29)
0-200-7620-000	Staff Dev & Training	\$0.00	\$5,007.54	\$5,007.54
0-200-7621-000 0-200-7665-000	Mileage	\$0.00 \$0.00 \$0.00	\$397.12 \$3,384.47 \$5,171.13	\$397.12 \$3,384.47
0-200-7670-000		\$0.00 \$0.00 \$0.00	\$0.00 \$107.33	\$5,171.13 \$0.00 \$107.33
	Dues, Memberships & Subs	\$0.00 \$0.00	\$510,00 \$63,613,14	\$510.00 \$63,613.14
0-200-7970-000	Telephone & Telegraph	\$0.00	\$458.47	\$458.47
0-210-7030-000	Salaries & Wages	\$0.00	\$271,101.21	\$271,101.21
0-210-7035-000		\$0.00	\$30,000.00	\$30,000.00
0-210-7110-000		\$0.00	\$23,363.82	\$23,363.82
0-210-7130-000	Employee-Medical Insurance	\$0.00	\$7,192.75	\$7,192.75
0-210-7131-000	Employee-HRA	\$0.00	\$137.22	\$137.22
0-210-7133-000	Employee-Pharmacy	\$0.00	\$2,297.38	\$2,297.38
0-210-7134-000	Employee-Dental Insurance	\$0.00	\$672.94	\$672.94
0-210-7140-000	Employee-401K Match	\$0.00	\$4,419.76	\$4,419.76
	Employee-Disability Insurance	\$0.00	(\$225.80)	(\$225.80)
0-210-7220-000	Employee-Life Insurance	\$0.00	\$2,186.19	\$2,186.19
	Legal Services	\$0.00	\$321,560.57	\$321,560.57
0-210-7230-000	Professional Services Office Supplies & Stat	\$0.00	\$4,850.00	\$4,850.00
0-210-7310-000		\$0.00	\$367.48	\$367.48
0-210-7360-000	Printing Food And Beverage	\$0.00	\$5,803.95	\$5,803.95
0-210-7370-000		\$0.00	\$201.13	\$201.13
0-210-7410-000 0-210-7415-000 0-210-7450-000	Outside Storage Cost Insurance Expense	\$0.00 \$0.00 \$0.00	\$5,100.71 \$234.83	\$5,100.71 \$234.83
0-210-7450-000	Computer Equipment Purchases Staff Dev & Training	\$0.00	\$821.09	\$821.09
0-210-7550-000		\$0.00	\$2,000.07	\$2,000.07
0-210-7610-000		\$0.00	\$2,936.68	\$2,936.68
0-210-7620-000 0-210-7623-000	Staff Travel	\$0.00 \$0.00 \$0.00	\$829.58 \$19.00	\$2,530.06 \$829.58 \$19.00
0-210-7670-000		\$0.00 \$0.00 \$0.00	\$0.00 \$830.36	\$0.00 \$830,36
	Dues, Memberships & Subs	\$0.00 \$0.00	\$36,951.13 \$20.00	\$36,951.13 \$20,00
0-210-7970-000	Telephone & Telegraph	\$0.00	\$406.74	\$406.74
	Salaries & Wages	\$0.00	\$104,341.19	\$104,341.19
0-220-7040-000		\$0.00 \$0.00	\$23.37 \$9,971.84	\$23.37 \$9,971.84
0-220-7130-000	Employee-Medical Insurance	\$0.00	\$5,480.16	\$5,480.16
0-220-7131-000	Employee-HRA	\$0.00	\$1,354.30	\$1,354.30
0-220-7134-000	Employee-Pharmacy	\$0.00	\$2,318.78	\$2,318.78
	Employee-Dental Insurance	\$0.00	\$514.92	\$514.92
0-220-7140-000	Employee-401K Match	\$0.00	\$2,434.40	\$2,434.40
	Employee-Disability Insurance	\$0.00	(\$444.56)	(\$444.56)
0-220-7160-000	Employee-Life Insurance	\$0.00	\$1,078.32	\$1,078.32
	Worker's Compensation Ins	\$0.00	\$40,255.37	\$40,255.37
0-220-7211-000	Accounting & Auditing Serv Bank Charges	\$0.00 \$0.00	\$24,000.00 \$24,072.44	\$24,000.00 \$24,072.44
	Professional Services	\$0.00 \$0.00	\$12,918.62 \$3,611.02	\$12,918.62 \$3,611.02
0-220-7320-000	Office Supplies & Stat Postage Brighton	\$0.00 \$0.00	\$1,157.99 \$11,075.66	\$1,157.99 \$11,075.66
	Food And Beverage	\$0.00 \$0.00	\$347.36 \$184.37 \$4.377.37	\$347.36 \$184.37
	Rent	\$0.00	\$4,277.27	\$4,277.27
	Outside Storage Cost	\$0.00	\$82.17	\$82.17
	Maintenance & Repairs & Leases	\$0.00	\$5.325.32	\$5.325.33
0-220-7550-000	Maintenance & Repairs & Leases	\$0.00	\$5,325.32	\$5,325.32
	Computer Equipment Purchases	\$0.00	(\$2.29)	(\$2.29)
	Mileage	\$0.00	\$324.80	\$324.80
0-220-7915-000	Recruitment Expense Dues, Memberships & Subs	\$0.00 \$0.00 \$0.00	\$0.00 \$334,00	\$324.80 \$0.00 \$334.00
	•	*****		

	Plantation	Dec Del	Not Change	Ending Oal
0-220-7921-000	Discription Liscensing	Beg Bal \$0.00	Net Change \$248.71	\$248.71
0-220-7922-000 0-220-7960-000	Property Tax Depreciation	\$0.00 \$0.00	\$2,502.00 \$178,700.49	\$2,502.00 \$178,700.49
	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00	\$36.74 \$70,462.77	\$36.74 \$70,462.77
	Overtime Wages	\$0.00 \$0.00	\$64.76 \$4.018.33	\$64.76 \$4.018.33
0-230-7130-000	Employee-Medical Insurance	\$0.00	\$6,044.64	\$6,044.64
	Employee-Wellness	\$0.00 \$0.00	\$1,421.16 (\$44.16)	
	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00	\$2,698.22 \$681.48	\$2,698.22 \$681.48
0-230-7135-000 0-230-7140-000	Employee-401K Match Employee-Disability Insurance	\$0.00 \$0.00	\$443.01 (\$89.60)	\$443.01 (\$89.60)
	Employee-Life Insurance Professional Services	\$0.00 \$0.00	\$892.17 \$21,941.99	\$892.17 \$21,941.99
0-230-7270-000		\$0.00 \$0.00	\$389.39	\$389.39 (\$3,833.36)
0-230-7320-000 0-230-7360-000	Postage	\$0.00 \$0.00	\$1,548.10	\$1,548.10 \$5,054.74
0-230-7370-000	Food And Beverage	\$0.00	\$184.37	\$184.37
	Outside Storage Cost	\$0.00 \$0.00		\$4,618.40 \$18.28
0-230-7510-000	Maintenance & Repairs & Leases Leased Equipment	\$0.00 \$0.00	\$49,052.83	\$4,992.10 \$49,052.83
0-230-7550-000 0-230-7610-000	Computer Equipment Purchases Staff Dev & Training	\$0.00 \$0.00		
0-230-7621-000 0-230-7671-000	Mileage Employee Events	\$0.00 \$0.00		\$107.50 \$6,022.17
0-230-7910-000	Advertising/Public Relations Recruitment Expense	\$0.00 \$0.00		\$639.26 \$458.00
	Dues, Memberships & Subs	\$0.00	\$5,952.68	\$5,952.68 \$4,787.17
0-230-7970-000	Telephone & Telegraph	\$0,00	\$36.74	\$36.74
0-240-7040-000	Salaries & Wages Overtime Wages	\$0.00 \$0.00	\$183.07	\$251,795.72 \$183.07
	Employee-Medical Insurance	\$0.00 \$0.00	\$23,960.99	\$23,845.48 \$23,960.99
0-240-7131-000 0-240-7133-000	Employee-HRA Employee-Pharmacy	\$0.00 \$0.00	\$11,181.65	\$6,838.06 \$11,181.65
	Employee-Dental Insurance Employee-401K Match	\$0.00 \$0.00		\$2,176.84 \$3,245.55
	Employee-Disability Insurance Employee-Life Insurance	\$0.00 \$0.00		\$3.24 \$4,020.79
0-240-7230-000	Professional Services Office Supplies & Stat	\$0.00 \$0.00	\$345,719.06	\$345,719.06 \$2,622.37
0-240-7320-000	Postage	\$0.00 \$0.00	\$28.72	\$28.72 \$85.22
	Food And Beverage	\$0.00	\$614.54	\$614.54
0-240-7415-000	Rent Outside Storage Cost	\$0.00 \$0.00	\$106.19	\$19,092.58 .\$106.19
0-240-7430-000 0-240-7435-000	Maintenance & Repairs & Leases EDP	\$0.00 \$0.00		\$28,900.57 \$115,000.28
	Computer Equipment Purchases Staff Dev & Training	\$0.00 \$0.00		\$34,697.09 \$61,763.25
0-240-7620-000 0-240-7621-000		\$0.00 \$0.00		\$1,932.72 \$309.30
0-240-7622-000 0-240-7623-000	Staff Travel-Mileage	\$0.00 \$0.00	\$0,00	\$0.00 \$32.25
0-240-7670-000		\$0.00 \$0.00	\$0.00	\$0.00 \$182.58
0-240-7920-000	Dues, Memberships & Subs	\$0.00 \$0.00	\$2,115.00	\$2,115.00 \$102,955.80
	Telephone & Telegraph	\$0.00 \$0.00 \$0.00	\$38,176.82	\$38,176.82 \$0.00
0-250-7620-000		\$0.00	\$0.00	\$0.00
0-260-7040-000	Salaries & Wages Overtime Wages	\$0.00 \$0.00		\$0.00
	Employee-Medical Insurance	\$0.00 \$0.00	\$0.00	\$170.00 \$0.00
0-260-7131-000 0-260-7132-000	Employee-HRA Employee-Wellness	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00		\$0.00 \$0.00
	Employee-401K Match Employee-Disability Insurance	\$0.00 \$0.00		\$0.00 \$0.00
0-260-7150-000	Employee-Life Insurance Professional Services	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
0-260-7270-000	Temporary Help Office Supplies & Stat	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
0-260-7320-000	Postage	\$0.00	\$0.00	\$0.00 \$0.00
0-260-7410-000		\$0.00 \$0.00	\$0.00	\$0.00
0-260-7621-000		\$0.00 \$0.00	\$0.00	\$0.00
	Advertising/Public Relations	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
0-260-7920-000 0-260-7921-000	Dues, Memberships & Subs Liscensing	\$0.00 \$0.00		\$0.00 \$0.00
	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00		\$0.00 \$4,612.00
	Overtime Wages	\$0.00 \$0.00		\$0.00 \$417.00
0-270-7130-000	Employee-Medical Insurance Employee-Wellness	\$0,00	\$0.00	\$0.00 \$0.00
0-270-7133-000	Employee-Veliness Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00
0-270-7135-000	Employee-401K Match	\$0.00	\$0.00	\$0.00 \$0.00 \$0.00
0-270-7310-000	Employee-Life Insurance Office Supplies & Stat	\$0.00 \$0.00	\$0.00	\$0.00
0-270-7410-000		\$0.00 \$0.00	\$0.00	\$0.00 \$0.00
	Maintenance & Repairs & Leases Leased Equipment	\$0.00 \$0.00		\$0.00 \$0.00
	Computer Equipment Purchases Staff Dev & Training	\$0.00 \$0.00		(\$114.30) \$0.00
	Salaries & Wages	\$0.00 \$0.00	\$56,674.68	\$56,674.68 \$5,367.01
	Employee-Medical Insurance	\$0.00 \$0.00	\$3,435.65	\$3,435.65 \$351.86
0-290-7133-000	Employee-Pharmacy	\$0.00 \$0.00	\$1,416.38	\$1,416.38 \$310.68
0-290-7135-000	Employee-Dental Insurance Employee-401K Match	\$0.00	\$1,564.40	\$1,564.40
0-290-7150-000	Employee-Disability Insurance Employee-Life Insurance	\$0.00 \$0.00	\$561.93	\$561.93
0-290-7310-000	Professional Services Office Supplies & Stat	\$0.00 \$0.00	\$430.09	\$8,224.45 \$430.09
0-290-7410-000		\$0.00 \$0.00	\$2,942.81	\$122.91 \$2,942.81
0-290-7430-000	Maintenance & Repairs & Leases Computer Equipment Purchases	\$0,00 \$0.00	\$20.33	\$20.33
0-290-7623-000 0-290-7921-000	Parking	\$0.00 \$0.00	\$2.50	\$2.50 \$32,767.55
0-290-7970-000	Telephone & Telegraph Salaries & Wages	\$0.00 \$0.00	\$440.21	\$440.21
0-300-7110-000		\$0.00 \$0.00	(\$404.00)	
0-300-7133-000	Employee-Pharmacy Employee-Dental Insurance	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00
0-300-7150-000	Employee-Life Insurance Office Supplies & Stat	\$0.00 \$0.00 \$0.00	\$0.00	\$0.00 \$0.00 \$0.00
	Food And Beverage	\$0.00		\$0.00

MMCC CASH FLOW

Raw Number	Discription	Beg Bal	Net Change	Ending Bal		
0-300-7410-000	Rent	\$0,00	\$0.00	\$0.00		
0-300-7970-000	Telephone & Telegraph	\$0,00	\$0.00	\$0.00		
	OPERATING EXPENSES		(\$633,611.41)		633,611.41	
	NET CASH OPERATIONS					(641,649.70)
0-000-1930-000	Investment in MHS	\$1,415,186.00	\$7,542.00	\$1,422,728.00		
0-000-1110-000	Unrestricted-Longterm Investments	\$11,141,843.93	(\$1,354,616.21)			
0-000-1111-000	Restricted-Longterm Investments	\$9,149,380.85	\$5,215.85	\$9,154,596.70	4 044 050 00	
	INVESTMENT CASH		(1,341,858.36)		1,341,858.36	4 544 050 20
	NET CASH INVESTMENTS					1,341,858.36
0-000-3010-000	Beginning Fund Balance	(\$2,100,000.00)	(\$1,599,498.00)	(\$3,699,498,00)		
0-000-3020-000	Cap Improvement Fund Bal	\$6,400,502,00	(\$6,400,502,00)			
0-000-3025-000	Surplus Pd to Owners	\$0.00	\$8,000,000.00	\$8,000,000,00		
0-000-3030-000	Prior Years Gain/(Loss)	(\$36,431,588,18)		(\$36,431,588,18)		
	SURPLUS-PAID IN CAPITAL	(**//	\$0.00	,	0.00	
0-000-1430-000	Provider Advances	\$90,000.00	\$59,853.97	\$149,853.97		
0-000-1610-000	Prepaids	\$163,664.33	\$422,537.73	\$586,202.06		
0-000-1730-000	Furniture, Fixtures & Equip.	\$793,105.52	\$0.00	\$793,105.52		
0-000-1740-000	Leasehold Improvements	\$124,969.03	\$112,272.90	\$237,241.93		
0-000-1751-000	EDP-Phone System	\$337,203.88	\$0.00	\$337,203.88		
0-000-1753-000	EDP-Hardware	\$3,501,427.18	\$24,354.62	\$3,525,781.80		
0-000-1755-000	EDP-Software	\$3,794,988.09	\$34,264.65	\$3,829,252.74		
0-000-1760-000	Office Equipment	\$204,221.87	\$0.00	\$204,221.87		
0-000-1761-000	Automobiles	\$40,884.38	\$0.00	\$40,884.38		
	OTHER INVESTED ASSETS		653,283.87		(653,283.87)	
	NET CASH FINANCING & MISC.					(653,283.87)

TOTAL CHANGE IN CASH 46,824.79
NET CHANGE 46,924.79
VARIANCE (0.00)

QUARTERLY STATEMENT

		OF THE CONDITION AND AFFAIRS (OF THE	
· .	MEMPHIS I	MANAGED CARE C	ORPORATIO	ON
NAIC Group Code 0000	, 2006	NAIC Company Code 00000	Employer's ID N	lumber <u>621539163</u>
(Current Period)	(Prior Period)			
Organized under the Laws of TENNESSEE		, State of Do	micile or Port of Entry Te	ennessee
Country of Domicile US				
Licensed as business type:				
Life Accident and Health [] Dental Service Corporation [] Health Maintenance Organization [X]	ls HMO Fed	Property/Casualty [] Vision Service Corporation [] erally Qualified? Yes (X) No ()	H	lospital, Medical and Dental Service or Indemnity [] ther []
Incorporated/Organized July 7, 1993		Commenced Busi	iness January 1, 1994	
Statutory Home Office 1407 UNION AVE SUIT	TE 200, MEMPHIS,, Tenne	ssee 38104		
		(Street and Number, City or Town, St	ate and Zip Code)	
Main Administrative Office 1407 UNION AVE	SUITE 200, MEMPHIS,, T	ennessee 38104		901-515-3022
		(Street and Number, City or Town, State and Zip	Code)	(Area Code) (Telephone Number)
Mail Address 1407 UNION AVE SUITE 200, MEN	IPHIS,, Tennessee 3810			
		(Street and Number, City or Town, State at	nd Zip Code)	
Primary Location of Books and Records _	1407 UNION AVE SUITE 20			
,	901-515-3022	(Street and Number, City	or Town, State and Zip Code)	
_	(Area Code) (Telep	phone Number)		
Internet Website Address cmiller@mmcc-tlc.	com			
Statutory Statement Contact CHERYLL AND	NETTE MILLER	Mt>		901-515-3022
cmiller@mmcc-tlc.com		(Name)		(Area Code) (Telephone Number) (Extension) 901-515-3722
7-11 N/A	(E-	Mail Address)		(Fax Number)
Policyowners N/A Relations Contact and	(Street and Number	er, City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)
Phone Number				
		OFFICERS 1. AL KING (President) 2. STEVEN BURKETT (Chairman	٦)	
		VICE PRESIDENTS		
				•
		r		
		DIDECTORS OF TRUSTS		
		DIRECTORS OR TRUSTE JEFF BRANDON	ES	
		JUDY BRIGGS STEVEN BURKETT		
	•	BRENDA JETTER AL KING		
		VERONICA MALLETT, DR. ELIZABETH OSTRIC		
		STUART POLLY, DR.		

State of Tennessee County of SHELBY

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me this 27 day of July, 2007

MY COMMISSION EXPIRES: October 13, 2010



a. Is this an original filing?

b. If no: 1. State the amendment number

2. Date filed

3. Number of pages attached

Yes () No (X)

July 27, 2007

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

ASSETS

		C	urrent Statement Dat	e	4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1.	Bonds	18,941,824		18,941,824	20,291,225
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$encumbrances)				
	4.2 Properties held for the production of income (less \$ encumbrances)				
	4.3 Properties held for sale (less \$encumbrances)				
5.	Cash (\$ 5,695,389) , cash equivalents (\$) and short-term investments (\$)				
6.	Contract loans (including \$ premium notes)				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Line 1 to Line 9)	26,059,941		26,059,941	27,354,875
11.	Title plants less \$				
12.	Investment income due and accrued	162,744		162,744	217,686
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans	6,136,531		6,136,531	4,716,674
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	35,250,077	2,487,449	32,762,628	32,597,102
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Totals (Line 24 and Line 25)	35,250,077	2,487,449	32,762,628	32,597,102
DETAI 0901.	LS OF WRITE-INS				
0902. 0903.					
	Summary of remaining write-ins for Line 9 from overflow page Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
2301. 2302.	PREPAID EXPENSES				
2303.	Summary of remaining write-ins for Line 23 from overflow page				
	Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

			Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
,					
1.	Claims unpaid (less \$reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves.				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve. Aggregate health claim reserves				
7. 8.	Premiums received in advance.				
9.	General expenses due or accrued.				
10.1	Current federal and foreign income tax payable and interest thereon (including \$				
10.1	realized gains (losses))				
10.2	Net deferred tax liability.				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	•		,	, , , , , , , , , , , , , , , , , , ,
13.	Remittances and items not allocated.				
14.	Borrowed money (including \$				
15.	Amounts due to parent, subsidiaries and affiliates	191,450		191,450	192,695
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$authorized reinsurers and \$unauthorized reinsurers).				
18.	Reinsurance in unauthorized companies.				
19.	Net adjustments in assets and liabilities due to foreign exchange rates.				
20.	Liability for amounts held under uninsured plans.	813,699		813,699	1,349,431
21.	Aggregate write-ins for other liabilities (including \$				
22.	Total liabilities (Line 1 to Line 21)	1,956,636		1,956,636	2,387,264
23.	Aggregate write-ins for special surplus funds.	XXX	XXX		
24.	Common capital stock.	XXX	XXX		
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus.	XXX	XXX	3,699,498	3,699,498
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX	27, 106, 495	26,510,340
30.	Less treasury stock, at cost:				
	30.1	XXX	XXX		
	30.2	XXX	XXX		
31.	Total capital and surplus (Line 23 to Line 29 minus Line 30)	XXX	XXX	30,805,993	30,209,838
32.	Total Liabilities, capital and surplus (Line 22 and Line 31).	XXX	XXX	32,762,629	32,597,102
DETAI	LS OF WRITE-INS				
2101.					
2102. 2103.	0				
2198. 2199.	Summary of remaining write-ins for Line 21 from overflow page . Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				
2301.		XXX	XXX		
2301. 2302. 2303.		XXX XXX	XXX XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page . Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	XXX	XXX		
ک ناتاک.	יסימוס (בווים 200 ו מוויסטקוז בווום 2000 אינום בווום 2000) (בווום 20 מטטעם)	XXX	XXX		
2801. 2802.		X X X X X X	XXX		
2803.	Summary of remaining write-ins for Line 28 from overflow page	XXX XXX	XXX XXX		
2899.	Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above)	χ̂χ̂	χχχ		

STATEMENT OF REVENUE AND EXPENSES

Uncovered Tot 1. Member Months	503,137	
1. Member Months XXX 2. Net premium income (including \$ non-health premium income) XXX 3. Change in unearned premium reserves and reserve for rate credits XXX 4. Fee-for-service (net of \$ medical expenses) XXX 5. Risk revenue XXX 6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs	503,137	
2. Net premium income (including \$non-health premium income) XXX 3. Change in unearned premium reserves and reserve for rate credits XXX 4. Fee-for-service (net of \$medical expenses) XXX 5. Risk revenue XXX 6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
3. Change in unearned premium reserves and reserve for rate credits XXX 4. Fee-for-service (net of \$ medical expenses) XXX 5. Risk revenue XXX 6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
4. Fee-for-service (net of \$medical expenses) XXX 5. Risk revenue XXX 6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
5. Risk revenue XXX 6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
6. Aggregate write-ins for other health care related revenues XXX 7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
7. Aggregate write-ins for other non-health revenues XXX 8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
8. Total revenues (Line 2 to Line 7) XXX Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
Hospital and Medical: 9. Hospital/medical benefits 10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
10. Other professional services 11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
11. Outside referrals 12. Emergency room and out-of-area 13. Prescription drugs		
12. Emergency room and out-of-area 13. Prescription drugs		
13. Prescription drugs		,
1/1 Aggregate write ins for other hospital and medical		
14. Aggregate write-ins for other hospital and medical	,	
15. Incentive pool, withhold adjustments and bonus amounts		
16. Subtotal (Line 9 to Line 15)		
Less: 17. Net reinsurance recoveries		
18. Total hospital and medical (Line 16 minus Line 17)		
19. Non-health claims (net)		
20. Claims adjustment expenses, including \$		586,565
21. General administrative expenses	. (885,539)	(1,354,083)
22. Increase in reserves for life and accident and health contracts (including \$increase in reserves for life only)		
23. Total underwriting deductions (Line 18 through Line 22)	. (885,539)	(767,518)
24. Net underwriting gain or (loss) (Line 8 minus Line 23)	885,539	767,518
25. Net investment income earned	276,816	308,255
26. Net realized capital gains (losses) less capital gains tax of \$		
27. Net investment gains (losses) (Line 25 plus Line 26)	276,816	308,255
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		
29. Aggregate write-ins for other income or expenses		42,840
30. Net income or (loss) after capital gains tax and before all other federal income taxes		
		1,118,613
·		
32. Net income (loss) (Line 30 minus Line 31)	.1,162,355	1,118,613
DETAILS OF WRITE-INS 0601. XXX		
0602		
0698. Summary of remaining write-ins for Line 6 from overflow page XXX		
0702. XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page XXX	I	
1401		
1403. 1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Line 1401 through Line 1403 plus Line 1498) (Line 14 above)		
2901. MEDCALL REVENUE 2902. MRI REVENUE		
2903. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)		42,840

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year to Date	Prior Year To Date	Prior Year
33.	Capital and surplus prior reporting year	30,209,840	25,539,158	27,804,505
34.	Net income (loss) from Line 32.	1,162,355	1,118,523	8,205,507
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss).			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	(566,201)	(329,537)	(800, 172)
40.	Change in unauthorized reinsurance.			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.			(5,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus		1,266,197	
48.	Net change in capital and surplus (Line 34 to Line 47)	596, 154	2,055,183	2,405,335
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	30,805,994	27,594,341	30,209,840
DET	AILS OF WRITE-INS			
4701	I. AUDIT ADJUSTMENT		1,266,197	
4702	2			
4703).			
4798	3. Summary of remaining write-ins for Line 47 from overflow page			
4799). Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)		1,266,197	

CASH FLOW

	1 Current Year	2 Prior Year Ended
	To Date	December 31
Cash from Operations		
Premiums collected net of reinsurance Net investment income Miscellaneous income	331,758	1,260,863 114,156
4. Total (Line 1 through Line 3)		
5. Benefit and loss related payments 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts 7. Commissions, expenses paid and aggregate write-ins for deductions. 8. Dividends paid to policyholders 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		
10. Total (Line 5 through Line9)	973,408	11,484,345
11. Net cash from operations (Line 4 minus Line 10)	(641,650)	(10,109,326)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid: 12.1 Bonds	3,737,594	20,929,084
12.5 Other invested assets	7,542	
12.8 Total investment proceeds (Line 12.1 through Line 12.7)		
13.5 Other invested assets		1,500,000
13.7 Total investments acquired (Line 13.1 through Line 13.6)	2,403,278	17,267,942
14. Net increase or (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	1,341,858	
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied): 16.1 Surplus notes, capital notes 16.2 Capital and paid in surplus, less treasury stock 16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities 16.5 Dividends to stockholders 16.6 Other cash provided (applied)	(653, 284)	(5,000,000) 1,105,393
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(653,284)	6,105,393
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)		(342,791)
19. Cash, cash equivalents and short-term investments: 19.1 Beginning of year.	5,648,464	5,991,255
19.2 End of period (Line 18 plus Line 19.1)	5,695,388	5,648,464
Note: Supplemental disclosures of cash flow information for non-cash transactions: 20 .0001		
20.0002 20.0003 20.0004 20.0005 20.0006		
20.0008 20.0009 20.0010		

	1	Comprehensive (Ho	ospital and Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	169,031								169,031	
2. First Quarter	167,937								167,937	
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	503,137								503,137	
Total Member Ambulatory Encounters for Period:										
7. Physician.	179,422								179,422	
8. Non-Physician	5,721								5,721	
9. Total									185,143	
10. Hospital Patient Days Incurred	20,722								20,722	
11. Number of Inpatient Admissions	5,614								5,614	
12. Health Premiums Written (a)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total

⁽a) Excludes \$ loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

NOTES TO FINANCIAL STATEMENTS

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - C. Memphis Managed Care Corporation did not engage in any wash sales for the quarter Ending March 31, 2007

NOTES TO FINANCIAL STATEMENTS - ITEM 1A

1 2 3 4 State of Domicile

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 5A02

1	2	3
Percent	Investment Excluding	Number of
Reduced	Accrued Interest	Mortgages

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.10

	1	2	3	4	5	6	7	8
Description of Assets . Holder of Note and Other	Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 13.11

1	2	3
Year (Starting with Current Year)	Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

NOTES TO FINANCIAL STATEMENTS - ITEM 19

					Total Direct
	FEIN	Exclusive		Type of Authority	Premiums Written/
Name and Address of Managing General Agent or Third Party Administrator	Number	Contract	Types of Business Written	Granted	Produced By

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 23

Name of Reinsurer Amount

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28A

1	2	3	4	5	6
Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing

NONE

NOTES TO FINANCIAL STATEMENTS - ITEM 28B

1	2	3	4	5	6	7	8	9	10
Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

Types, has the report been risked with the dominical yested? No (1) No (2)	1.1	1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?								
2.2 If yes, date of otherge: 1. Have there been any substaintial changes in the organizational chart since the prior quarter end? 1. Have there been any substaintial changes in the organizational chart. 2. If yes, complete the Schedule Y - Part 1 - organizational chart in the prior quarter end? 2. If yes, complete the Schedule Y - Part 1 - organizational chart. 3. Have there been any substaintial changes in the organizational chart in the prior quarter end? 3. Have there been any substaintial changes in the organizational chart. 4. If has the reporting entity been a party to a morger or consolidation. 4. If has the reporting entity is subject to a menagement agreement, including third party administrator (s), managing general agent (s), attemption, or similar agreement, including third party administrator (s), managing general agent (s), attemption, or similar agreement, that the literation of the agreement of the agreement of prioripals mortived? 3. State the act of date that the literation framcall examination morth the date of the party of the priority entity, the date should be the date of the examination of the reporting entity was made or is being made. 4. State the act of date that the literation francial examination morth the date of the examination report and not the date of	1.2	If yes, has the report been filed with the domiciliary state?						Yes () No	()	
3. Here there been any substantial changes in the organizational chart since the prior querter end? If yes, complete the Schedule V - Part 1 - organizational chart since the prior querter end? If yes, provide name of entity, NAID Company Code, and state of demicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the recept or consolidation. If yes, provide name of entity, NAID Company Code, and state of demicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the recept or consolidation. If yes, provide name of entity, NAID Company Code, and state of demicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the recept or consolidation. If yes, provide name of entity, name	2.1								(X)	
If yes, complete the Schedule Y - Part 1 - organizational chart. 4.1 Has the reporting entity been a party to a merger or consolidation during the pariod covered by this statement? 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 8.1 Name of Entity 8.2 If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent (s), attorney-in-fact, or similar agreement, have three been any significant changes regarding the terms of the agreement or principals involved? 9. If yes, attach an explanation. 1.1 State as of what date the blast financial examination report became available from either the state of domicile or the reporting entity. This date is broad to the date of the examined ideance state and not the caller the report was completed or released. 8.2 State that the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the revised add or completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the revised add or completion date of the examination report and not the date of the examination (balance sheet date). 8.4 By what department or departments? 9. Ves () No (X) 1.2 If yes, give full information 1.3 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1.4 Yes () No (X) 1.5 If the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? 1.5 In the company adfiliated with one or more banks, thriffs or securities firms? 1.6 Yes () No (X) 1.7 If yes, give full information	2.2	If yes, date of change:								
Hes the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)	3.	Have there been any substantial changes in the organization	onal chart since the prior quarter end?					Yes () No	(X)	
If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Name of Entity		If yes, complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Part 1 - organizational complete the Schedule Y - Organization Y -	hart.							
Name of Entity Name of Entity Nac Company Code State of Domicie Name of Entity Nac Company Code State of Domicie Name of Entity Nac Company Code State of Domicie Name of Entity Nac Company Code State of Domicie Name of Entity Yes () No () N/A (X) If yes, attach an explanation. 12/31/2008 12/31/2008 12/31/2008 12/31/2008 12/31/2008 12/31/2008 12/31/2008 12/31/2008 12/31/2008 13/32/32/32/32/32/32/32/32/32/32/32/32/32	4.1	Has the reporting entity been a party to a merger or conso	lidation during the period covered by this statement?					Yes () No	(X)	
Name of Entity Name of the examination of Information Name of Entity Name of the examination of Information of Informatio	4.2		state of domicile (use two letter state abbreviation) for any	entity that ha	s ceased to exis	t as a result	of the			
5. If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent (s), attorney-in-fact, or similar agreement, have there been any significant charges regarding the terms of the agreement or principals involved? Yes () No () N/A (X) If yes, attach an explanation. 1. State as of what date the latest financial examination of the reporting entity was made or is being made. 1. 2/31/2006 1. State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date the examination (balance sheet date). 1. By what department or departments? DEPARTMENT OF COMMENCE AND INSURANCE TENICLARE DIVISION 1. Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality dause is part of the gardenine). Yes () No (X) 1. If yes, give full information 1. Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X) 1. If response to 8.1 is yes, please provide below the names and location (ofly and state of the main office) of any affiliates regulated by a federal regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comproller of the Currency (OCC), the Office of Trentf Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commiss										
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If the reporting entity is subject to a management agreement, including third-party administrator (s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation. 12/31/2006 15 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006 12/31/2006 12/31/2006 13 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date in completion date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 15 BEPARTMENT OF COMMERCE AND INSURANCE TENNCARE DIVISION 17.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) 15 If yes, give full information 16 If yes, please identify the name of the bank holding company. 17 If yes, give full information 18 If yes, please identify the name of the bank holding company. 18 If response to 8.1 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comproller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulatory.										
have there been any significant changes regarding the terms of the agreement of principals involved? If yes, attach an explanation. 12/31/2006 12/31/2006 12/31/2006 12/31/2006 12/31/2006 12/31/2006 12/31/2006 12/31/2006 12/31/2006 13/32 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This date bould be the date date of the examined balance sheet and not the date the report was completed or released. 12/31/2006 13/32 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This is the release date or completion date of the examination (balance sheet date). 14/2006 15/30/2005 16/30/2005 17/30/2006 18/30/										
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6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). Og/24/2006 6.4 By what department or departments? DEPARTMENT OF COMMERCE AND INSURANCE TENNCARE DIVISION 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) 1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X) 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X) 8.4 If responses to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency lie. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliates primary federal regulator.										
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8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 7 Location	8.2	If response to 8.1 is yes, please identify the name of the ba	ank holding company.							
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 7 Location										
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[i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. 1 2 3 4 5 6 7 Location		If response to 8.3 is ves. please provide below the names a	and location (city and state of the main office) of any affiliate	s regulated b	y a federal regul	atory service	es agency	100 () 110	(//)	
Location		li.e. the Federal Reserve Board (FRB), the Office of the C	comptroller of the Currency (OCC), the Office of Thrift Supe	rvision (OTS)	, the Federal D	eposit Insur	ance			
		Affiliate Name		FRB	occ	OTS	FDIC	SEC		
									1	
]	
]	

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persimilar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal a (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting er (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.	nd professional relationships;	Yes (X) No ()
9.11	If the response to 9.1 is No, please explain:		
9.2	Has the code of ethics for senior managers been amended?		Yes () No (X)
9.21	If the response to 9.2 is Yes, provide information related to amendment (s) .		
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes () No (X)
9.31	If the response to 9.3 is Yes, provide the nature of any waiver (s) .		
	FINANCIAL		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes (X) No ()
10.2	If yes, indicate the amounts receivable from parent included in the Page 2 amount:		\$ 191,450
	INVESTMENT		
11.1	Has there been any change in the reporting entity's own preferred or common stock?		Yes () No (X)
11.2	If yes, explain		
12.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise (Exclude securities under securities lending agreements.)	made available for use by another person?	Yes () No (X)
12.2	If yes, give full and complete information relating thereto:		
13.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$
14.	Amount of real estate and mortgages held in short-term investments:		\$
15.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes (X) No ()
15.2	If yes, please complete the following:	1	2
		Prior Year-End Book/ Adjusted Carrying Value	Current Quarter Book/ Adjusted Carrying Value
	15.21 Bonds 15.22 Preferred Stock	\$ \$	\$ \$
	15.23 Common Stock	\$ \$	\$ \$
	15.25 Mortgage Loans on Real Estate 15.26 All Other 15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 15.21 to Line 15.26)	\$ 1,415,786	\$
	15.27 I lotal Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 15.21 to Line 15.25) 15.28 Total Investment in Parent included in Line 15.21 to Line 15.26 above	\$ 1,415,786 \$	\$ 1,422,728 \$
16.1	Has the reporting entity entered into any hedging transactions reported on schedule DB?		Yes () No (X)
16.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?		Yes () No ()

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

 Excluding items in Schedule E, real estate, mowere all stocks, bonds and other securities, ow accordance with Part 1-General, Section IV. J-I 	vned throuahout the current v	ear held pursuant to a cus	todial agreemen	t with a qualified bank or trust company in	'es (X) No ()
17.1 For all agreements that comply with the require	ements of the NAIC Financial	Condition Examiners Hand	book, complete	the following:	
1 Name of Custodian(s)				2 Custodian Address	
SUNTRUST BANK		. P.O. BOX 622227, ORL	ANDO FL. 3286	32-2227	
REGIONS BANK	REGIONS BANK			TN 38119	
17.2 For all agreements that do not comply with the	requirements of the NAIC Fin	ancial Condition Examiner	s Handbook, pro	ovide the name, location and a complete explanation:	
1 Name(s)				3 Complete Explanation	n(s)
17.3 Have there been any changes, including name 17.4 If yes, give full and complete information relating) identified in 16.1 during the	he current quart	er?	/es () No (X)
1	2	3 Date		4	
Old Custodian	New Custodian	of Change		Reason	
17.5 Identify all investment advisors, brokers/dealer on behalf of the reporting entity:	rs or individuals acting on beh	nalf of brokers/dealers that	have access to	the investment accounts, handle securities and have at	uthority to make investments
1 Central Registration Depositor	у	2 Name(s)		3 Address	
18.1 Have all the filing requirements of the Purposes 18.2 If no, list exceptions:	s and Procedures Manual of the	he NAIC Securities Valuati	on Office been f	iollowed?	/es (X) No ()

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 2. Increase (decrease) by adjustment		

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Book value/recorded investment excluding accrued interest on mortgages owned. December 31 of prior year. Amount loaned during period: 2.1. Actual cost at time of acquisitions. 2.2. Additional investment made after a Accrual of discount and mortgage interest Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during t Amortization of premium Increase (decrease) by foreign exchange Book value/recorded investment excluding Total valuation allowance Subtotal (Line 9 plus Line 10) Total nonadmitted amounts Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		
13.	Statement value of mortgages owned at end of current period (rage 2, mortgage lines, Net Admitted Assets Column)		

SCHEDULE BA - VERIFICATION

Other Invested Assets

		1	2 Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	1,415,186	1,415,186
۷.	Cost of acquisitions during period. 2.1 Acquisitions of acquisitions		
	2.1. Actual cost at time of acquisitions 2.2. Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period Amortization of premium		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Line 9 plus Line 10)		
12.	Total nonadmitted amounts	4 400 700	4 445 400
13.	Statement value of long term invested assets at end of current period (Page 2, Line 7, Column 3)	1,422,728	1,415,186

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year Cost of bonds and stocks acquired Accrual of discount	2,403,278	15,921,823
4.	Increase (decrease) by adjustment Increase (decrease) by foreign exchange adjustment		
5. 6.	Increase (decrease) by foreign exchange adjustment Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of	1	11,805,000
8.	Amortization of premium		1,190,308
9.	Book/adjusted carrying value, current period	18,941,824	20,291,225
10.	Total valuation allowance		
11.	Subtotal (Line 9 plus Line 10)		20,291,225
12.	Total nonadmitted amounts		
13.	Statement value	18,941,824	20,291,225

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SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1. 2. Class 2.				(17,679)				20,291,225
3. Class 3. 4. Class 4. 5. Class 5. 6. Class 6.								
7. Total Bonds.			3,735,000	(17,679)	18,941,824			20,291,225
PREFERRED STOCK								
8. Class 1. 9. Class 2. 10. Class 3. 11. Class 4. 12. Class 5.								
12. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock.	20,291,225	2,403,278	3,735,000	(17,679)	18,941,824			20,291,225

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals		XXX			

SCHEDULE DA - PART 2 - VERIFICATION

Short-Term Investments Owned

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Increase (decrease) by adjustment		
4. Increase (decrease) by foreign exchange ad		
5. Total profit (loss) on disposal of short-term i		
6. Consideration received on disposal of short-t		
Consideration received on disposal of short-t Book / adjusted carrying value, current perio		
8. Total valuation allowance		
9. Subtotal (Line 7 plus Line 8)		ı
10 . Total nonadmitted amounts		
11. Statement value (Line 9 minus Line 10)		
12. Income collected during period		
13. Income earned during period		

SCHEDULE DB - PART F - SECTION 1

Replicated (Synthetic) Assets Open

	Replicated	d (Synthetic) Asset			Components of the Replicated (Synthetic) Asset							
1	2	3	4	5	Derivative Instruments Ope	n		Cash	Instrument(s) Held			
					6	7	8	9	10	11	12	
Replication RSAT Number	Description	NAIC Designation or Other Description	Statement Value	Fair Value	Description	Fair Value	CUSIP	Description	Statement Value	Fair Value	NAIC Designation or Other Description	

5

SCHEDULE DB - PART F - SECTION 2

Reconciliation of Replicated (Synthetic) Assets Open

	First Quarter		Second	l Quarter	Third C	Quarter	arter Fourth Quarter		Year To Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
Beginning Inventory										
Add: Opened or Acquired Transactions										
Add: Increases in Replicated Asset Statement Value	XXX						XXX		XXX	
Less: Closed or Disposed of Transactions										
Less: Positions Disposed of for Failing Effectiveness Criteria										
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX						XXX		xxx	
7. Ending Inventory										

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7
NAIC	Federal	E# . C			Type of	Is Insurer
Company Code	ID Number	Effective Date	Name of Reinsurer	Location	Reinsurance Ceded	Authorized? (Yes or No)

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1				Direct Business C	Only Year to Date			
	States, Etc.	Is Insurer Licensed ? (Yes or No)	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1.	Alabama AL	No								
2.	Alaska AK	No								
3.	Arizona	No								
4.	Arkansas AR	No								
5. 6.	California	No								
7.	Connecticut. CT	No								
8.	DelawareDE	No								
9.	District of Columbia DC	No								
10.	Florida	No								
11.	Georgia	No								
12.	Hawaii	No								
13. 14.	Idaho ID Illinois IL	No								
15.	Indiana. IN	No								
16.	lowa IA	No								
17.	Kansas. KS	No								
18.	KentuckyKY	No								
19.	Louisiana LA	No								
20.	MaineME	No								
21. 22.	Maryland MD Massachusetts MA	No								
23.	Michigan MI	No								
24.	Minnesota MN	No								
25.	Mississippi MS	No								
26.	Missouri MO	No								
27.	Montana MT	No								
28.	Nebraska NE	No								
29.	Nevada NV	No								
30.	New Hampshire	No								
31.	New JerseyNJ	No	I	I	I	1				
32. 33.	New Mexico NM New York NY	No No								
34.	North Carolina NC	No								
35.	North Dakota ND									
36.	Ohio OH			1						
37.	Oklahoma OK	No				JF				
38.	Oregon. OR				, , ,					
39.	Pennsylvania PA	No			/ 					
40.	Rhode Island	No	_		_					
41.	South Carolina SC	No								
42. 43.	South Dakota SD Tennessee TN	No								
44.	Texas. TX	No								
45.	Utah. UT	No								
46.		No								
47.	Virginia VA	No								
48.	WashingtonWA	No								
49.		No								
50.										
51.	Wyoming WY American Samoa AS	No								
52. 53.	Guam. AS	No								
54.	Puerto Rico. PR									
	U.S. Virgin Islands VI	No							I	
56.	Northern Mariana Islands MP	No								
57.	Canada	No								
	Aggregate Other Alien	XXX								
	Subtotal	XXX								
bU.	Reporting entity contributions for Employee Benefit Plans	XXX								
61		(a)								
VI.	Total (Dirot Dusilloss)	(u)								
DETAII	LS OF WRITE-INS									
5801.										
5802.										
5803.	Cummany of samaining switching for Line 50 from avariance and									
	Summary of remaining write-ins for Line 58 from overflow page	;								
JUJJ.	Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)									
	(LING SO BDOVE)									

⁽a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All entity members of a Holding Company Group that have acquired and/or disposed of any domestic entity (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

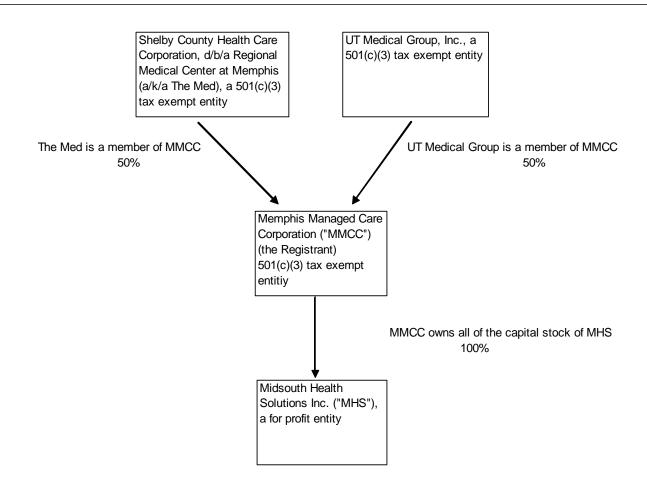
PART 1 - ORGANIZATIONAL LISTING

1	2	3	4	5	6
NAIC Group Code	Group Name	NAIC Company Code	State of Domicile	FEI Number	Name of Company
	UT MEDICAL GROUP INC & REGIONAL MEDICAL				MID SOUTH HEALTH SOLUTIONS

OF IN

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
EXPLANATIONS:	
BAR CODE: Document Identifier 365:	
Document Identilier 300:	

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED During the Current Quarter

1	Loca	ation	4	5	6	7	8 Book / Adjusted	9 Expended for
	2	3	Data			Amount of	Carrying Value Less	Additions and Permanent
Description of Property	City	State	Date Acquired	Name of Vendor	Actual Cost	Encumbrances	Encumbrances	Improvements

SCHEDULE A - PART 3

Showing All Real Estate SOLD During the Quarter, Including Payments During the Final Year on "Sales under Contract"

1	Loca	ation	4	5	6	7	8	9	10 11 Expended for	12	13	14	15	16	17
Description of Property	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Increase	Increase (Decrease) by Foreign Exchange Adjustment	Additions, Permanent Improvements and Changes in Encumbrances Additions, Book/Adjusted Carrying Value Less Encumbrances	Amounts Received	Foreign Exchange Profit (Loss) on Sale	Realized Profit (Loss) on Sale	Total Profit (Loss) on Sale	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred

SCHEDULE B - PART 1

Showing All Mortgage Loans ACQUIRED during the Current Quarter

1	Location		4	5	6	7	8	9	10	11	12
	2	3					Book Value/Recorded Investment	Increase	Increase (Decrease) by	Value of Land	Date of Last
Loan Number	City	State	Loan Type	Actual Cost	Date Acquired	Rate of Interest	Excluding Accrued Interest	Increase (Decrease) by Adjustment	Foreign Exchange Adjustment	and Buildings	Date of Last Appraisal or Valuation

NONE

SCHEDULE B - PART 2

Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter

1			4	5	6	7	8	9	10	11	12	13
	Loca	ation			Book Value/Recorded		Increase	Book Value/Recorded				
	2	3			Investment	Increase	(Decrease)	Investment		Foreign		
				Date	Excluding Accrued Interest	(Decrease) by	by Foreign Exchange	Excluding Accrued Interest	Consideration	Exchange Profit (Loss)	Realized Profit (Loss)	Total Profit (Loss)
Loan Number	City	State	Loan Type	Acquired	Prior Year	Adjustment	Adjustment	at Disposition	Received	on Sale	on Sale	on Sale

10

Amount

Encumbrances

11

Book/Adjusted

Carrying Value

Encumbrances

12

Value

14 Increase

(Decrease)

By Foreign

Exchange

Adjustment

Increase

(Decrease)

by

Adjustment

Commitment

for

Additional

Investment

Percentage

Ownership

			· ·	· ·		•		
1	2			5	6	7	8	9
		Locati	on					
011015		3	4			Date	Туре	
CUSIP Identification	Name or Description	City	State	Name of Vendor or General Partner	NAIC Designation	Originally Acquired	and Strategy	Actual Cost

NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Locati	on	5	6	7	8	9	10	11	12	13	14	15
QUOID		3	4	Name of Purchaser	Date	Book/Adjusted Carrying Value Less	Increase (Decrease)	Increase (Decrease) by Foreign	Book/Adjusted Carrying Value less	0 11 "	Foreign Exchange	Realized	Total	
CUSIP Identification	Name or Description	City	State	or Nature of Disposal	Originally Acquired	Encumbrances Prior Year	by Adjustment	Exchange Adjustment	Encumbrances on Disposal	Consideration Received	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Gain (Loss) on Disposal	Investment Income

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP			Date		Number of Shares			Paid for Accrued Interest and	NAIC Designation or Market
Identification	Description	Foreign	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S. Gov	i. <u> </u>	•			•				,
912795-ZA-2 912795-7K-0	U.S TREASURY U.S TREASURY			FIRST TENNESSEE SECURITIES CORP FIRST TENNESSEE SECURITIES CORP			100,000.00		1
				THO TEIMEOCE GEOGRAPIES CON			300,000.00		
Bonds - All Other (Governments								
3133XF-YK-6	FEDERAL HOME LOAN BANK		03/19/2007	G.X. CLARKE & CO		253,043	250,000.00		1
31339S-DR-2	FEDERAL HOME LOAN BANK		03/06/2007	G.X. CLARKE & CO					
3133XJ-M9-6	FEDERAL HOME LOAN BANK FEDERAL HOME LOAN BANK		01/18/2007	CREWS & ASSOCIATES BAIRD & CO		750,000	750,000.00 500,000.00	110	1
	FEDERAL NATIONAL MORTGAGE ASSOC.		02/13/2007	CHASE BANK		530,000	530,000.00		1
1099999 - Subtotal	- Bonds - All Other Governments					2,105,957	2,105,000.00	3,045	
6099997 - Subtotal	- Bonds - Part 3					2,403,278	2,405,000.00	3,045	
6099999 - Subtotal	- Bonds					2,403,278	2,405,000.00	3,045	
7499999 - TOTALS						2,403,278		3.045	

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10		Change In I	Book/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	13 Current Year's Other Than Temporary Impairment Recognized	Total Change in B. /A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	Designa tion or Market Indi- cator (a)
Bonds - U.S. 912827-2J-0	Governments U.S. TREASURY		02/15/2007	REGIONS BANK		100,000	. 100,000.00	101,406	100.115		(115)				100,000				3.125	02/01/2007	' 1
									100, 115		(115)				100,000				3,125		
Bonds - All Ot	her Governments																				
3133MW-2K-6	FEDERAL HOME LOAN BANK			SUNTRUST BANK		200,000	. 200,000.00	200,000	197,923		2,077				200,000						
	FEDERAL HOME LOAN BANK			SUNTRUST BANKSUNTRUST BANK		180,000	. 180,000.00 . 100,000.00	178,819	178,883		1,117				180,000						
	FEDERAL HOME LOAN BANK						. 500,000.00	500,280	500,000						500,000				44.0==	01/17/2008	1 1
	FEDERAL HOME LOAN BANK		02/01/2007	SUNTRUST BANK			. 695,000.00	695,000	695,000						695,000						
	FEDERAL HOME LOAN BANK FANNIE MAE						1,060,000.00	1,060,000	1,060,000						1,060,000						
				REGIONS BANK			. 500,000.00 3.235.000.00	502, 125 3,236,224	500,156 3.231.782		(136)										
						.,,	.,,	.,,	-, - , -		.,				.,,				,.		
	trial and Miscellaneous (Unaffiliated) BEAR STERNS CO		01/16/2007	REGIONS BANK		100.000	. 100.000.00	100,318	100,001		(1)				100,000				2 850	01/15/2007	3
	GENERAL ELECTRIC CAPITAL CORP		01/16/2007	REGIONS BANK		100,000	100,000.00	98,397	99,066												
	HOUSEHOLD FINANCE CORP		01/30/2007	REGIONS BANK		100,000	. 100,000.00	100,514	100,000						100,000				2,875	01/30/2007	' 3
717081-AK-9	PFIZER INCtotal - Bonds - Industrial and Miscellaneo	/I Inoffilia	03/15/2007	REGIONS BANK		100,000	. 100,000.00	97,505	99,603 398,670						100,000						
4033333 - 90D	notai - Donus - muustiai anu iviiscelianet	ous (Ulialilli	ileu)			400,000	. 400,000.00	380,134	380,070		1,330				400,000				0,3/3		
6099997 - Sub	total - Bonds - Part 4					3,735,000	3,735,000.00	3,734,364	3,730,567		4,433				3,735,000				77,014		
6099999 - Sub	total - Bonds					3,735,000	3,735,000.00	3,734,364	3,730,567		4,433				3,735,000				77,014		
7499999 - TOT	TALS					3 735 000		3 734 364	3 730 567		4 433				3 735 000				77 014		

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index	Date of Acqui- sition	Exchange or Counterparty	Cost/Option Premium	Book Value	*	Statement Value	Fair Value	Year to Date Increase / (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income

NONE

SCHEDULE DB - PART B - SECTION 1

Showing all Options, Caps, Floors and Insurance Futures Options Written and In-Force at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Description	Number of Contracts or Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index	Date of Issuance/ Purchase	Exchange or Counterparty	Consideration Received	Book Value	*	Statement Value	Fair Value	Year to Date Increase / (Decrease) by Adjustment	Used to Adjust Basis	Other Investment/ Miscellaneous Income

SCHEDULE DB - PART C - SECTION 1

Showing all Collar, Swap and Forwards Open at Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Description	Notional Amount	Date of Maturity, Expiry, or Settlement	Strike Price , Rate or Index Rec (Pay)	Date of Opening Position or Agreement	Exchange or Counterparty	Cost or (Consideration Received)	Book Value	*	Statement Value	Fair Value	Year to Date Increase (Decrease) by Adjustment	Used to Adjust Basis of Hedged Item	Other Investment/ Miscellaneous Income	Potential Exposure

NONE

SCHEDULE DB - PART D - SECTION 1

Showing all Futures Contracts and Insurance Futures Contracts at Current Statement Date

1	2	3	4	5	6	7	8	9	Var	riation Margin Informat	ion	13
Description	Number of Contracts	Maturity Date	Original Value	Current Value	Variation Margin	Date of Opening Position	Exchange or Counterparty	Cash Deposit	10 Recognized	11 Used to Adjust Basis of Hedged Item	12 Deferred	Potential Exposure

STATEMENT AS OF MARCH 31, 2007 OF THE MEMPHIS MANAGED CARE CORPORATION

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2	3	Amount of Interest	5 Amount of Interest Accrued	Book Balance at End of Each Month During Current Quarter		
						6	7	8
Name	Location and Supplemental Information	Code	Rate of Interest	Received During Current Quarter	at Current Statement Date	First Month	Second Month	Third Month
REGIONS CLAIMS REGIONS PAYROLL REGIONS ESCROW REGIONS TRUST	SUNTRUST BANK-TN REGIONS BANK-TN REGIONS BANK-TN REGIONS BANK-TN REGIONS BANK-TN REGIONS BANK-TN REGIONS BANK-TN					951, 157 4,398 8,133 1,790,242	1,135,819 1,742 10,543 2,440,822	(1,325,411) (129) 34,059 2,012,892
0399999 - TOTAL Cash on Deposit						4,417,400	8,056,978	5,694,789
0499999 - Cash in Company's Office						600	600	600
0599999 - TOTALS						4,418,000	8,057,578	5,695,389 .

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Gross Investment Income

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted'	Admitted

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted	Admitted
0199999 Pharmaceutical Rebate Receivables						
0299999 Claim Overpayment Receivables	23,817	141	454	464,287	464,287	24,412
0399999 Loans and Advances to Providers		86,104		63,750	63,750	86,104
0499999 Capitation Arranngement Receivables 0599999 Risk Sharing Receivables						
0699999 Other Receivables	-		5,000	3,650	3,650	5,000
0799999 Gross Health Care Receivables	23,817	86,245	5,454	531,687	531,687	115,516

STATEMENT AS OF March 31, 2007 OF THE MEMPHIS MANAGED CARE CORP.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	k
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Non Admitted'	Current	Non-Current
Med-MRI	0	0	0	0	0	0	0
Medplex	0	0	0	3,000	3,000	0	0
The Health Loop	0	0	0	0	0	0	0
Midsouth Health Solutions	287,896	0	0	0	0	287,896	0
01999999 Individual Listed Receivables	287,896	0	0	3,000	3,000	287,896	0
02999999 Receivables Not individually Listed 03999999 Total Gross amounts Receivable	287,896			3,000	3,000	287,896	
0333333 Total Gloss alliquits Receivable	207,090			3,000	3,000	201,090	U

Memphis Managed Care Inc. Reconcilation of Medical Services Monitoring Report (MSMR) to Report 2A As of March 31, 2007

MSMR REPORT

 UB 92 Payments
 36,619,432

 HCFA 1500 Payments
 25,657,771

 Total Claim Payments
 62,277,203

No Check Adjustments

Capitation 2,762,328

Reinsurance

Off Lag Adjustments 597,774 IBNR 14,836,708

COB Subro Adjustments

Total Medical Payments 80,474,013

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

	Currer	NSES Previous Year	
	Current		
	Period	Year to Date Total	Total
Member Months	503,137	503,137	2,246,795
REVENUES:	000,107	000,107	2,240,700
1 TennCare Capitation	96,583,391	96,583,391	373,474,597
2 Investment	276,816	276,816	1,313,408
3 Other Revenue			
4 Total Revenue	7,542 96,867,749	7,542 96,867,749	53,226 374,841,231
4 Total Revenue	90,007,749	90,007,749	3/4,041,231
EXPENSES:			
Medical and Hospital Services	0.760.000	0.760.000	10 170 604
5 Capitated Physician Services	2,762,328	2,762,328	12,172,604
6 Fee for Service Physician Services	9,821,282	9,821,282	39,294,873
7 Inpatient Hospital Services	13,826,426	13,826,426	56,586,552
8 Outpatient Services	24,946	24,946	85,315
9 Emergency Room Services	6,696,282	6,696,282	24,010,446
10 Mental Health Services	2,493	2,493	24,488
11 Dental Services	0	0	0
12 Vision Services	562,645	562,645	2,118,889
13 Pharmacy Services	0	0	(255
14 Home Health Services	1,900,237	1,900,237	6,529,248
15 Chiropractic Services	0	0	0
16 Radiology Services	541,983	541,983	1,521,329
17 Laboratory Services	2,404,265	2,404,265	8,432,875
18 Durable Medical Equipment Services	72,302	72,302	298,038
19 Transportation Services	574,494	574,494	3,802,540
20 Outside Referrals	0	0,.01	0,002,010
21 Medical incentive Pool and Withhold Adjustments	0	0	0
22 Occupancy Depreciation and Amortization	0	0	0
	•	•	Ŭ
23 Other Medical and Hospital Services	38,652,461	38,652,461	151,258,715
24 IBNR	14,836,708	14,836,708	35,904,045
25 Subtotal	92,678,851	92,678,851	342,039,702
26 Reinsurance Expense Net of Recoveries	0	0	0
LESS:			
27 Copayments	0	0	0
28 Subrogation			0
29 Coordination of Benefits			0
30 Subtotal	0	0	0
30 TOTAL MEDICAL AND HOSPITAL	92,678,851	92,678,851	342,039,702
Administration			
Administration	0.040.400	0.040.400	0.540.050
31 Compensation	2,046,480	2,046,480	8,510,052
32 Marketing	6,563	6,563	0
33 Interest Expense	243	243	92
34 Premium Tax Expense	1,855,776	1,855,776	6,514,857
35 Occupancy Depreciation and Amortization	2,502	2,502	598,436
36 Other Administration	(887,039)	(887,039)	8,948,701
37 TOTAL ADMINISTRATION	3,024,524	3,024,524	24,572,138
38 TOTAL EXPENSES	95,703,375	95,703,375	366,611,840
39 NET INCOME (LOSS)	1,164,373	1,164,373	8,229,391